

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO. **097786319**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	/					
4	/					
5	/					
6	/					
7	/					
8	/					
9		2				
10		8				
11		8				
12		8				
13		8				
14		4				
15		4				
16		8				
17		4				
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50						
TOTAL IND.	10	↓		↓		↓
TOTAL DEP.	84	↓		↓		↓
TOTAL CLAIMS	94					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMEENDMENTS